

Fill in this information to identify your case:

Debtor 1	Cassandra		Frierson
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern		District of Pennsylvania	
Case number 25-10168 (if known)			

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Debtor 2 or non-filing spouse

Employed
 Not employed

Employed
 Not employed

Occupation

Home Healthcare Aide

Employer's name

Liberty Resources

Employer's address

112 N 8th St Ste 600

Number Street

Number Street

Philadelphia, PA 19107-2476

City State ZIP Code

City State ZIP Code

How long employed there? **2 years**

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or non-filing spouse

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. **\$3,709.94**

3. Estimate and list monthly overtime pay.

3. + **\$0.00**

4. Calculate gross income. Add line 2 + line 3.

4. **\$3,709.94**

Debtor 1

Cassandra

First Name Middle Name

Frierson

Last Name

Case number (if known) 25-10168

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... ➔ 4.	\$3,709.94	
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$905.30	
5b. Mandatory contributions for retirement plans	5b. \$0.00	
5c. Voluntary contributions for retirement plans	5c. \$0.00	
5d. Required repayments of retirement fund loans	5d. \$0.00	
5e. Insurance	5e. \$0.00	
5f. Domestic support obligations	5f. \$0.00	
5g. Union dues	5g. \$0.00	
5h. Other deductions. Specify: _____	5h. + \$0.00	+ _____
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$905.30	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$2,804.64	
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm		
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.		
8a. \$0.00		
8b. Interest and dividends	8b. \$0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive		
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		
8c. \$0.00		
8d. Unemployment compensation	8d. \$0.00	
8e. Social Security	8e. \$1,024.00	
8f. Other government assistance that you regularly receive		
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		
Specify: _____		
8f. \$0.00		
8g. Pension or retirement income	8g. \$0.00	
8h. Other monthly income. Specify: <u>Pro-rated 2023 Tax Refund</u>	8h. + \$433.75	+ _____
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$1,457.75	
10. Calculate monthly income. Add line 7 + line 9.		
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$4,262.39	+ _____ = \$4,262.39
11. State all other regular contributions to the expenses that you list in Schedule J.		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: <u>See additional page</u>		11. + \$833.26

Debtor 1

CassandraFriersonCase number (if known) 25-10168

First Name

Middle Name

Last Name

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.Write that amount on the *Summary of Your Assets and Liabilities and Certain Statistical Information*, if it applies

12.

\$5,095.65Combined
monthly income**13. Do you expect an increase or decrease within the year after you file this form?** No. Yes. Explain:

Debtor 1

Cassandra

First Name

Middle Name

Last Name

Case number (if known) 25-10168**Amount**11. State all other regular contributions to the expenses that you list in *Schedule J* For Debtor 1

<u>Contribution Towards Car Insurance for Dodge Charger by Grandson Jordan Frierson</u>	<u>\$584.95</u>
<u>Contribution Towards Car Insurance for Toyota RAV-4 by Granddaughter Quiana Frierson</u>	<u>\$248.31</u>

Fill in this information to identify your case:

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	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Eastern District of Pennsylvania		
Case number (if known)	25-10168		

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of person _____ Attach *Bankruptcy Petitioner's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

 /s/ Cassandra Frierson
Cassandra Frierson, Debtor 1

Date 06/12/2025
MM/ DD/ YYYY